## VA HSR&D MANAGEMENT BRIEF

No. 17 Providing VA senior managers with a timely and concise summary of important HSR&D findings or publications September 2005

## **Routine Annual Screening for Alcohol Use Disorders Among Veteran Outpatients May Not Be Cost-Effective**

In the United States, alcohol misuse is responsible for about 100,000 deaths and \$185 billion in costs annually. Research evidence shows that brief interventions can reduce alcohol consumption and improve health outcomes, thus many groups recommend screening adults in primary care settings. The VA requires annual alcohol screening and monitors screening as a quality measure. This study sought to determine the extent to which VA patients are screened and diagnosed with alcohol use disorders, as well as the numbers who receive follow-up evaluations. Using FY2002 data from several VA databases, this study focused on 15,580 patients from 139 VA medical centers. Investigators examined information about patient demographics, medical and mental health diagnoses, and service utilization for the six months before and after patient alcohol screening.

Results show that 74.2% of eligible veterans had been screened for alcohol use disorders. Of those, 4.2% screened positive, but less than half of them were diagnosed with an alcohol disorder, representing only 1.7% of the original cohort of 15,580. This relatively low yield raises questions about the value of large-scale, routine screening, as well as the frequency of screening. Study findings also show that the likelihood of being screened for alcohol problems was lower at academically affiliated medical centers, and follow-up evaluation for positive screen was less likely at the largest facilities. Veterans with a service-connected disability and those with a psychiatric disorder were less likely to be screened, but were more likely to be followed up if screening was positive.

## Limitations

The ability to examine certain variables (i.e., race) was limited by the quality of the available data. Also, information was not available on who performed alcohol screening; if performed by a nurse, the screening would be more cost-effective and less burdensome on providers' time.

Desai MM, Rosenheck RA, and Craig TJ. Screening for alcohol use disorders among medical outpatients: The influence of individual and facility characteristics. American Journal of Psychiatry 2005 Aug;162(8):1521-26.

Dr. Desai is supported by an HSR&D Career Development Award and is part of the VA Northeast Program Evaluation Center. Dr. Rosenheck is Director of the VA Northeast Program Evaluation Center, and Dr. Craig is part of VA's Office of Quality and Performance.